PART B - FEE(S) TRANSMITTAL

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05/23/2007

KIRTON & McCONKIE 1800 Eagle Gate Tower 60 East South Temple Salt Lake City, UT 84111

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· Tinge (Signature (Date 2007 CONFIRMATION NO. ATTORNEY DOCKET NO.

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APPLICATION NO. FILING DATE FIRST NAMED INVENTOR 11072.8 8524 10/692 005 10/22/2003 Isson A Sullivan

TITLE OF INVENTION: ROBUST CUSTOMIZABLE COMPUTER PROCESSING SYSTEM

APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES	\$700	\$300	\$0	\$1000	08/23/2007	
EXAMINER		ART UNIT	CLASS-SUBCLASS				
CHANG,	YEAN HSI	2835	361-679000				
I. Change of correspondence address or indication of "Fee Address" (37 CFR 1.553). Change of correspondence address (or Change of Correspondence Address form PTO/SB/1/22) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47, Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single registered attorney or a	3 registered patent attornively, e firm (having as a memb agent) and the names of u meys or agents. If no name	era 2 Kirton	David B. Tingey Kirton & McConkie	

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(B) RESIDENCE: (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNEE

Please check the appropriate assignee category or categories (will no	t be printed on the patent):	☐ Individual	Corporation or other private group entity	Government
4a. The following fee(s) are submitted:	4b. Payment of Fee(s):	Please first rea	pply any previously paid issue fee shown a	bove)

issue Fee A check is enclosed. Dublication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached.

The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number ______ (enclose an extra copy of this fo (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

Advance Order - # of Copies 5

□ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

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